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SUBJECT: VIETNAM - AVIAN FLU (AI) UPDATE #14

CURRENT STATUS

¶1. U) The WHO investigative team continues to report 23 confirmed human cases of H5N1, of which 15 have died. While the confirmed case count is unchanged, suspect cases are daily identified, many of which are ruled out. One new case occurred in a district of a province that had not reported cases in poultry for many days. Media reports expressed concern that this is a new outbreak, but because that province had previously reported 7 affected districts, the case is likely explained by "re-spread".

CONCERNS

¶2. (U) Lack Of Complete Human Case Reporting - On February 20, WHO representatives sent a letter to the Minister of Health (MOH) expressing their concern with the lack of transparency of case reporting from MOH. There is no information from MOH on demographics or case descriptions. On February 23rd, WHO received a request from MOH to translate the letter into Vietnamese, indicating that the MOH is focusing attention on the letter. To date, MOH has not yet replied.

¶3. (U) Emphasis On Animals vs Humans - WHO representatives also expressed concern to the Deputy Prime Minister over the fact that animal issues of avian influenza are receiving more attention than human issues. There are two indicators that this is true. First, the Ministry of Agriculture and Rural Development (MARD) distributed an action plan to address short to long-term strategies for addressing avian influenza; but no such plan has been unveiled by the MOH. The second indicator is the placement of the MARD as the chairperson of the National Steering Committee to Combat Avian Influenza.

¶4. (U) Culling - There is still no reliable information on culling.

¶5. (U) Coordination Within The GVN - Planning and coordination within the MARD's Department of Animal Health is poor. They are completely unaware of some of the research being done elsewhere in Vietnam (by other GVN entities) and there is no structure established for animal surveillance. Some labs, such as NIHE, have been told to halt efforts to sequence H5N1 due to safety concerns, e.g., use of live virus in a non-BSl3 laboratory, while other labs continue.

¶6. (U) Lab Delays - WHO reports that although NIHE is processing human specimens on the day of receipt, there are significant delays in the reporting of results to the hospitals. The Tropical Medicine Center claims that there are outstanding results from several weeks ago.

¶7. (U) Lab Safety and Quality - WHO laboratory experts have met with staff from the National Pediatrics Hospital (NHP). Issues of biosafety and quality assurance remain, and need to be addressed. WHO will prepare a report containing recommendations for improving lab performance and submit it to the MOH and to NHP. WHO also plans to provide financial support to the molecular lab at NHP on condition that the recommendations are followed and that the laboratory is supported by NIHE. NHP has processed (using PCR tests) 26 influenza samples - none has been H5 positive.

¶8. U) Vaccine Distribution - 21000 Doses of Tamiflu have arrived for use as prophylaxis. Despite the fact that WHO had suggested that about 5000 go to healthcare workers and the remainder for animal health, it appears that the majority have gone to healthcare workers.

REPORT ON REGIONAL WORKSHOP ON HUMAN INFLUENZA A H5N1

¶9. (U) On February 19 and 20, the WHO, CDC and Thai Ministry

of Public Health presented a workshop on human Influenza A, H5N1, for laboratory specialists and epidemiologists. Countries represented in the training included: Bangladesh, Brunei Darussalam, Cambodia, India, Indonesia, Lao, Malaysia, Myanmar, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam.

¶10. (U) A description of country-specific surveillance programs and laboratory capacity illustrated the variation in capability and needs within the region. Lack of capacity hampers the possibility of performing adequate serologic surveillance, as well as diagnoses. A number of countries expressed concern about the ability to transport samples to reference laboratories, the availability of trained personnel, reagents, laboratory equipment, and capital to sustain a functioning laboratory.

¶11. (U) The WHO reference laboratory scientist in Hong Kong made a strong plea for countries to share their H5N1 viruses with the WHO lab so that there is a representative sample of circulating H5N1 strains for use in vaccine development and evaluation of any genetic drift. Genotyping of the available samples show slight variations in the genome of currently circulating strains. While Vietnam and Thailand have shared their H5N1 viruses with WHO or CDC, China has not.

¶12. (U) Information on the sensitivity of current Influenza A tests indicate that for any one person known to have Influenza A of any subtype (through positively tested contacts), there is a 33% chance that all the tests available to diagnose influenza will be negative. This means that one third of all cases exhibiting symptoms caused by avian influenza, not to mention all of the mild or subclinical cases, will be missed. Therefore, there is a high probability that cases of human infection of Influenza A/H5N1 are being missed.

¶13. (U) There was considerable discussion of the 1997 H5N1 outbreak in Hong Kong. In studies of persons likely to be exposed to poultry in the markets (poultry workers), 10% of the workers tested positive for H5N1 antibodies (meaning that they were infected), but showed no clinical symptoms of the disease. The other 90% had no detectable circulating antibodies. This means that transmission to humans is relatively low and that it is very likely that there are unapparent infections of H5N1. Description of the outbreak included measures taken by Hong Kong to reduce the reintroduction of H5N1 into the bird market, including biosecurity, immunization and administrative controls.

¶14. (U) The representative of Vietnam for epidemiology (from the National Institute for Hygiene and Epidemiology) did not seem to be aware, or could not articulate clearly, what epidemiological studies were being conducted in Vietnam.

¶15. (U) CDC researchers working in HCMC as consultants for WHO expressed considerable frustration at the excruciating pace at which the GVN is moving to conduct a case control study of cases and close family members and a cohort study of people living in and around cases and unexposed individuals. To date, data collection has not been started.

¶16. (U) A human vaccine strain for H5N1 has been developed that is safe enough for labs to work with, but induces antibodies to H5. However, it needs much more testing.

¶17. (U) H5N1 is a fairly resistant virus and can live in water and moist feces at 4 degrees Celsius for up to 7 days.

¶18. (U) There was consensus in the epidemiology group of the need for a standard case definition for human influenza H5N1. Country representatives expressed concern over the complexity of the definition. As a result, representatives from WHO-WPRO volunteered to revise the case definition based on information about H5N1 learned during the past outbreak.

¶19. (U) One of the 'experts' noted that virus has been detected in raw poultry meat and egg yolks from infected birds. Therefore, the current wisdom of eating only cooked poultry and eggs, or not at all, is appropriate in affected regions.

¶20. (U) A sample of 7,000 wild birds in China showed very low prevalence of H5N1 in wild birds - although they acknowledged that the virus was present in some. The speaker also noted that wild birds tend not to be concentrated in areas where humans inhabited and were unlikely to pose a large threat to humans.

WHO SEROPREVALENCE STUDY OF NURSES IN HANOI

¶21. (U) During the week of February 16, WHO collected data for a seroprevalence study of nurses at NHP who did, and did not treat patients with H5N1 infection. It is unclear how

long it will take to analyze the questionnaire data and serum and laboratory where the serum will be analyzed. On February 23, WHO reported that 8 more nurses were surveyed and their serum was collected and frozen. The team in HCMC continues to negotiate with Vietnamese counterparts to conduct a similar study there.

BRIEFING BY WHO/FAO/UNDP

¶22. (U) On February 19, WHO/FAO/UNDP held a briefing for Ambassadors on the status of avian influenza in Vietnam. Ambassador De Jong (Netherlands) and Jordan Ryan, UNDP representative, co-chaired the meeting.

¶23. (U) Case Descriptions - Dr. Peter Horby (WHO) described the cases and deaths in Vietnam and Thailand. He noted the distribution of cases is similar by sex (52 percent male), and most cases (2/3) are in children (with the remaining mainly confined to young adults under 40). In Vietnam, cases are clustered in provinces around and including Hanoi and HCMC. This is believed to be a surveillance artifact -- hospitals in the two cities are actively searching for cases, and surrounding provinces are more likely than others to refer very sick people to Hanoi or HCMC hospitals. Dr. Horby also showed an epi-curve, a distribution of cases over time, showing no rise but no drop in numbers of cases in humans thus far, suggesting this epidemic is still ongoing. If the epidemic were subsiding, the number of cases would drop off. He noted that the current epidemic now constitutes the largest known outbreak of avian influenza in humans. Prior outbreaks were in Hong Kong in 1997 with 18 cases (H5N1) and the Netherlands in 2002 which had 1 case.

¶24. (U) Case Descriptions Continued - Five virus strains from Vietnam have been genotyped thus far, and none contained human influenza genotypes suggesting that the reassortment to a new human strain has not occurred, at least in these cases. These viruses are sensitive to oseltamivir (Tamiflu) but resistant to cheaper and more easily obtained antiviral drugs such as amantadine.

¶25. (U) WHO Activities - WHO described their activities to date. Pascal Brudon, WHO country representative, described their primary objectives. They are increasing capacity for labs to diagnose H5 and appropriately use Personal Protective Equipment (PPE) and for hospitals to Conduct active surveillance. In Vietnam, passive surveillance is the norm. Difficulties noted in surveillance were (1) promoting transparency with MOH, (2) encouraging MOH to actively follow cases to identify the likely source of infection and actively trace cases to rule out/in person-to-person transmission, (3) prevention of poultry-to-human transmission through training courses for cullers, use of PPE, providing drugs for early treatment of those diagnosed, and promoting information/education widely through the media. Brudon felt FAO & WHO are doing "quite a good job" providing guidance and support to clinicians (a clinical team from Hong Kong was just brought in by WHO to consult on this issue).

¶26. (U) WHO Activities Continued - Brudon compared this outbreak to SARS, and noted that, with influenza, WHO has been able to achieve a lot very quickly (e.g., guidelines, surveys, active websites). She noted the team is still concerned about the effectiveness of hospital surveillance and monitoring of cases. She reiterated their attempts to encourage dialogue with the government about transparency. She noted that WHO's investigative team in Vietnam will be diminishing since a number of priority areas for WHO support are already completed. She also mentioned that they are working with WHO headquarters in Geneva and their regional office on ways to help governments develop plans to ensure effective distribution of human vaccines when those are available. Availability of human vaccine is admittedly many months down the road, she stated.

¶27. (U) FAO Activities - Anton Rychner noted that domestic birds in 57 provinces, including 400 of Vietnam's 502 districts (80 percent), were affected and 35 million birds have perished. He is frustrated that FAO now must pay to get data from the GVN, and voiced concern that the 3 phased effort (short-term, medium-term, long-term) promoted by the GVN was not comprehensive and it is unclear how it could be coordinated at various levels. He noted that the GVN is now "limiting access" to his staff, and "shutting down communication lines." He stated that he believes the GVN is "doing its best with limited resources" but that "the outbreak is not under control." He asked Ambassadors to urge the GVN to be transparent about the details of the outbreak. He also noted MARD's limited staff and the fact that only 4 officials there speak English and must work with all international efforts -- the demands on their time by internationals "are enormous". Finally, Rychener introduced Dr. Tony Forman, a veterinarian, who is helping with FAO efforts.

¶28. (U) Donor Coordination - Jordan Ryan, UNDP representative, introduced Mr. Terje Skavdal from the UN Office of Coordination on Humanitarian Assistance (OCHA). Mr. Skavdal heads up the emergency response unit for OCHA for southern and eastern Asia, and arrived in Hanoi on February 15th. Upon arrival, he met with Deputy Prime Minister Vu Khoan on the need for heightened coordination among various parts of government, and the DPM seemed very interested in promoting this. Skavdal stated that based on his assessment the emergency is still ongoing, and it was not possible to establish a time frame on when it would be over. He stressed the need to push for a strong multisectoral approach to deal with the emergency. He encouraged good collaboration and use of the technical agencies (such as the UN) as much as possible, and consideration of needs (short-term, medium-term, and long-term) both for the UN groups and for the GVN. It will be important to disseminate a list of needs to the donor community and NGOs, and to start information sharing to avoid overlaps/ensure efficient use of funds. He will focus on 3 areas: (1) responsibility -- how best to support the GVN in adopting this, (2) similarity -- strategies that have worked in other settings, and (3) working on the lowest possible operation level to ensure efficient dispersal. He notes they are still in the discussion phase and hope to look at various alternatives.
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